

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X V J J V D C C Date of Delivery
1. Article Addressed to: 05-07-555 (TT) LOREN MEYERS	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
DEPUTY ATT RNEY GENERAL DEPARTMENT OF JUSTICE 820 M. FRENCH STREET WILMINGTON, DE 19801	3. Service Type M010 Express Mail Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 700 2 20 30	0003 0326 9380
PS Form 3811, August 2001 Domestic Reti	urn Receipt 102595-02-M-1540